

## PATENT COOPERATION TREATY

FROM THE  
INTERNATIONAL PRELIMINARY EXAMINING AUTHORITY

TO:

SAEKI NORIO

P C T

NOTIFICATION OF RECEIPT  
OF DEMAND BY COMPETENT INTERNATIONAL  
PRELIMINARY EXAMINING AUTHORITY9TH FLOOR, TAKA-AI BUILDING 15-2, NIHONB  
ASHI 3-CHOME CHUO-KU TOKYO 103-0027 JAPA  
N

PCT/JP03/07333

PE402

(PCT RULES 59.3(E) AND 61.1(B), FIRST SENTENCE  
AND ADMINISTRATIVE INSTRUCTIONS, SECTION 601(A))

## DATE OF MAILING(DAY/MONTH/YEAR)

02.12.03

APPLICANT'S OR AGENT'S FILE REFERENCE JA 504705		IMPORTANT NOTIFICATION	
INTERNATIONAL APPLICATION NO. PCT/JP03/07333	INTERNATIONAL FILING DATE(DAY/MONTH/YEAR) 10.06.03	PRIORITY DATE(DAY/MONTH/YEAR) 10.06.02	
APPLICANT THE UNIVERSITY OF EDINBURGH			

1. THE APPLICANT IS HEREBY NOTIFIED THAT THIS INTERNATIONAL PRELIMINARY EXAMINING AUTHORITY CONSIDERS THE FOLLOWING DATE AS THE DATE OF RECEIPT OF THE DEMAND FOR INTERNATIONAL PRELIMINARY EXAMINATION OF THE INTERNATIONAL APPLICATION:

13.11.03

2. THE DATE OF RECEIPT IS:

\* THE ACTUAL DATE OF RECEIPT OF THE DEMAND BY THIS AUTHORITY (RULE 61.1(B))  
 THE ACTUAL DATE OF RECEIPT OF THE DEMAND ON BEHALF OF THIS AUTHORITY (RULE 59.3(E))  
 THE DATE ON WHICH THIS AUTHORITY HAS, IN RESPONSE TO THE INVITATION TO CORRECT DEFECTS IN THE DEMAND (FORM PCT/IPEA/404), RECEIVED THE REQUIRED CORRECTIONS.

3.  ATTENTION: THAT DATE OF RECEIPT IS AFTER THE EXPIRATION OF 19 MONTHS FROM THE PRIORITY DATE. CONSEQUENTLY, IN RESPECT OF SOME OFFICES, THE DEMAND DOES NOT HAVE THE EFFECT OF POSTPONING THE ENTRY INTO THE NATIONAL PHASE UNTIL 30 MONTHS FROM THE PRIORITY DATE (OR LATER IN SOME OFFICES) (ARTICLE 39(1)) AND THE ACTS FOR ENTRY INTO THE NATIONAL PHASE MUST THEREFORE BE PERFORMED WITHIN 20 MONTHS FROM THE PRIORITY DATE (OR LATER IN SOME OFFICES). HOWEVER, IN RESPECT OF SOME OTHER OFFICES, THE TIME LIMIT OF 30 MONTHS (OR LATER) MAY NEVERTHELESS APPLY. SEE THE ANNEX TO FORM PCT/IB/301 AND, FOR DETAILS ABOUT THE APPLICABLE TIME LIMITS, OFFICE BY OFFICE, SEE THE PCT APPLICANT'S GUIDE, VOLUME II, NATIONAL CHAPTERS AND THE WIPO INTERNET SITE.

(IF APPLICABLE) THIS NOTIFICATION CONFIRMS THE INFORMATION GIVEN BY TELEPHONE, FACSIMILE TRANSMISSION OR IN PERSON ON: \_\_\_\_\_

4. ONLY WHERE PARAGRAPH 3 APPLIES, A COPY OF THIS NOTIFICATION HAS BEEN SENT TO THE INTERNATIONAL BUREAU.

NAME AND MAILING ADDRESS OF THE IPEA/ JAPAN PATENT OFFICE 4-3, KASUMIGASEKI 3 CHOME, CHIYODA-KU, TOKYO 100-8915 JAPAN TELEPHONE NO. 03-3592-1308	AUTHORIZED OFFICER Commissioner Japan Patent Office
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The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/ JP

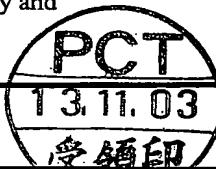
# PCT

## CHAPTER II

### DEMAND

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).



For International Preliminary Examining Authority use only

Identification of IPEA

Date of receipt of DEMAND

Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		Applicant's or agent's file reference
International application No.	International filing date (day/month/year)	(Earliest) Priority date (day/month/year)
PCT/JP03/07333	10. 06. 2003	10. 06. 2002
Title of invention <b>PAR-2-ACTIVATING PEPTIDE DERIVATIVE AND PHARMACEUTICAL COMPOSITION USING THE SAME</b>		
Box No. II APPLICANT(S)		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)  THE UNIVERSITY OF EDINBURGH  Old College, South Bridge, Lothian EH8 9YL UNITED KINGDOM		Telephone No.  Facsimile No.  Teleprinter No.  Applicant's registration No. with the Office
State (that is, country) of nationality: GB	State (that is, country) of residence: GB	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)  THE UNIVERSITY OF STRATHCLYDE  16 Richmond Street, Glasgow, Strathclyde G1 1XQ UNITED KINGDOM		
State (that is, country) of nationality: GB	State (that is, country) of residence: GB	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)  KOWA COMPANY, LTD.  6-29, Nishiki 3-chome, Naka-ku, Nagoya-shi Aichi 460-8625 JAPAN		
State (that is, country) of nationality: JP	State (that is, country) of residence: JP	
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.		

## Continuation of Box No. II APPLICANT(S)

*If none of the following sub-boxes is used, this sheet should not be included in the demand.*Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

RAMAGE, Robert

26 Craigleith View, Edinburgh, Lothian EH4 3JZ  
UNITED KINGDOMState *(that is, country)* of nationality:  
GBState *(that is, country)* of residence:  
GBName and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

PLEVIN, Robin

Flat 2, 5 Belhaven Terrace, Dowanhill, Glasgow, Strathclyde G12 0TF  
UNITED KINGDOMState *(that is, country)* of nationality:  
GBState *(that is, country)* of residence:  
GBName and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

SHAW, Kevin, Thomas

19 Burnside Terrace, Haddington, Lothian EH41 4ER  
UNITED KINGDOMState *(that is, country)* of nationality:  
GBState *(that is, country)* of residence:  
GBName and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

JIANG, Lu

86 Leamington Terrace, Edinburgh, Lothian EH10 4JU  
UNITED KINGDOMState *(that is, country)* of nationality:  
GBState *(that is, country)* of residence:  
GB Further applicants are indicated on another continuation sheet.

**Continuation of Box No. II APPLICANT(S)***If none of the following sub-boxes is used, this sheet should not be included in the demand.*Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

YOUNG, Louise, Claire

63 Asher Rd, Chapelhall, Airdrie, Strathclyde ML6 8TA  
UNITED KINGDOMState *(that is, country)* of nationality:  
GBState *(that is, country)* of residence:  
GBName and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

HARVEY, Alan, Lang

9 Victoria Park Corner, Glasgow, Strathclyde G14 9NZ  
UNITED KINGDOMState *(that is, country)* of nationality:  
GBState *(that is, country)* of residence:  
GBName and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

WANG, Pu

1508 Madrono Avenue, Palo Alto, CA 94306  
UNITED STATES OF AMERICAState *(that is, country)* of nationality:  
CNState *(that is, country)* of residence:  
USName and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

KANKE, Toru

2-17-43, Noguchicho, Higashimurayama-shi, Tokyo 189-0022  
JAPANState *(that is, country)* of nationality:  
JPState *(that is, country)* of residence:  
JP Further applicants are indicated on another continuation sheet.

## Continuation of Box No. II APPLICANT(S)

*If none of the following sub-boxes is used, this sheet should not be included in the demand.*

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

KAWAGOE, Junichi

785-1-1206, Minamiotsuka, Kawagoe-shi, Saitama 350-1162  
JAPANState (that is, country) of nationality:  
JPState (that is, country) of residence:  
JP

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

KABEYA, Mototsugu

2-17-43, Noguchicho, Higashimurayama-shi, Tokyo 189-0022  
JAPANState (that is, country) of nationality:  
JPState (that is, country) of residence:  
JP

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is, country) of nationality:

State (that is, country) of residence:

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is, country) of nationality:

State (that is, country) of residence:

 Further applicants are indicated on another continuation sheet.

## Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is  agent  common representative

and  has been appointed earlier and represents the applicant(s) also for international preliminary examination.

is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.

is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

SAEKI, Norio

9th floor, Taka-ai Building, 15-2, Nihongashi 3-chome  
Chuo-ku, Tokyo 103-0027 JAPAN

Telephone No.

03-5205-2521

Faxsimile No.

03-5205-2522

Teleprinter No.

Agent's registration No. with the Office

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

## Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION

## Statement concerning amendments.\*

1. The applicant wishes the international preliminary examination to start on the basis of:

the international application as originally filed

the description  as originally filed  
 as amended under Article 34

the claims  as originally filed  
 as amended under Article 19 (together with any accompanying statement)  
 as amended under Article 34

the drawings  as originally filed  
 as amended under Article 34

2.  The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.

3.  The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). *(This check-box may be marked only where the time limit under Article 19 has not yet expired.)*

\* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: ..... English.....

which is the language in which the international application was filed.

which is the language of a translation furnished for the purposes of international search.

which is the language of publication of the international application.

which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

## Box No. V ELECTION OF STATES

The applicant hereby elects all eligible States *(that is, all States which have been designated and which are bound by Chapter II of the PCT)*

excluding the following States which the applicant wishes not to elect:

## Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

1. translation of international application	:	sheets
2. amendments under Article 34	:	sheets
3. copy (or, where required, translation) of amendments under Article 19	:	sheets
4. copy (or, where required, translation) of statement under Article 19	:	sheets
5. letter	:	sheets
6. other (specify)	:	sheets

For International Preliminary Examining Authority use only

received      not received

<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

1. <input checked="" type="checkbox"/> fee calculation sheet	5. <input type="checkbox"/> statement explaining lack of signature
2. <input type="checkbox"/> original separate power of attorney	6. <input type="checkbox"/> sequence listings in computer readable form
3. <input type="checkbox"/> original general power of attorney	7. <input type="checkbox"/> tables in computer readable form related to sequence listings
4. <input type="checkbox"/> copy of general power of attorney; reference number, if any:	8. <input type="checkbox"/> other (specify):

## Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

SAEKI, Norio



## For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3.  The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.  The applicant has been informed accordingly.

4.  The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.

5.  Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

## For International Bureau use only

Demand received from IPEA on:

## CHAPTER II

# PCT

### FEES CALCULATION SHEET

#### Annex to the Demand

International application No.	PCT/JP03/07333	For International Preliminary Examining Authority use only
Applicant's or agent's file reference	JA504705	Date stamp of the IPEA
Applicant THE UNIVERSITY OF EDINBURTH et al		
<b>CALCULATION OF PRESCRIBED FEES</b>		
1. Preliminary examination fee .....	JPY 28,000	P
2. Handling fee ( <i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i> ) .....	JPY 19,200	H
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box .....	JPY 47,200	TOTAL
<b>MODE OF PAYMENT</b>		
<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash	
<input type="checkbox"/> cheque	<input checked="" type="checkbox"/> revenue stamps	
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	
<input checked="" type="checkbox"/> bank draft	<input type="checkbox"/> other ( <i>specify</i> ): _____	

#### AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT

*(This mode of payment may not be available at all IPEAs)*

Authorization to charge the total fees indicated above.

(*This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit*) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.

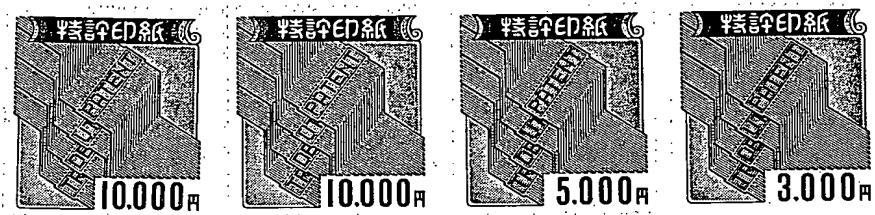
IPEA/ \_\_\_\_\_

Deposit Account No.: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_



Preliminary Examination Fee

## ご利用明細

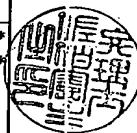
ご来店いただき  
ありがとうございます。

◎ 東京三菱銀行

年月日	取扱店番	お取引内容
151113	0022	お振込
受付番号	銀行番号	支店番号
7192	0022	0632671
時 刻	税込手数料	お取引金額
11.02	¥105★	¥19,200★
お取扱いでござ ない場合	残 高	

ご案内	***** おつ	*****
		*****

お振込先は  
東京三菱銀行  
虎ノ門支店  
普通 2074896  
WIPO-PCT GENEVA様  
ご依頼人は  
タクミトツキヨシムシヨ サエキ ノリ  
オ様  
電話 0352052521



Handling Fee